

MO TAX ID NUMBER	FOR TAX PERIOD (CC,YY,MM)
FEIN	FILING FREQUENCY
BUSINESS NAME	
OWNER'S NAME	
MAILING ADDRESS (STREET, CITY, STATE, ZIP CODE)	
I have direct control, supervision, or responsibility for filing this return and payment of the tax due. Under penalties of perjury, I declare it is a true, accurate, and complete return.	
AUTHORIZED SIGNATURE	DATE
MAIL REMITTANCE AND RETURN TO: Missouri Department of Revenue, P.O. Box 999, Jefferson City, Missouri 65108-0999.	

[illegible]

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